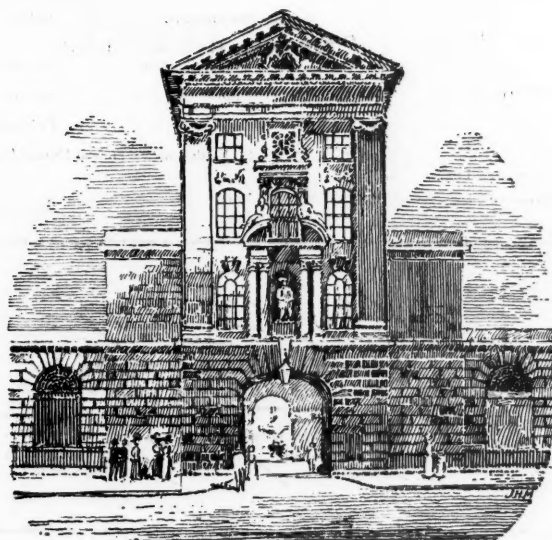


ST BARTHOLOMEW'S HOSPITAL JOURNAL



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AUGUST, 1931.

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"Æquam memento rebus in arduis
Servare mentem."
—Horace, Book ii, Ode iii.

JOURNAL.

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AUGUST 1ST, 1931.

PRICE NINEPENCE.

CALENDAR.

Mon., Aug.	3.—BANK HOLIDAY.
Tues., "	4.—Dr. Gow and Mr. W. Girling Ball on duty.
Fri., "	7.—Prof. Fraser and Prof. Gask on duty.
Tues., "	11.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Fri., "	14.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Tues., "	18.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Fri., "	21.—Dr. Gow and Mr. W. Girling Ball on duty.
Tues., "	25.—Prof. Fraser and Prof. Gask on duty.
Fri., "	28.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.

EDITORIAL.

THE HOSPITAL APPEAL.

RUMOUR has been busy with the fate of the Appeal, and against the background of an "economic blizzard" has sketched a pessimistic picture.

The Press announcements concerning the Appeal during the past few months have not relieved the gloom. We are glad, therefore, to publish the following statement:

"At a meeting of a General Court of Governors of the Hospital held on June 4th, 1931, it was decided that activities with regard to the Special Reconstruction Appeal be reduced to a minimum until such time as economic conditions improve, and that the position be then reviewed. It was proposed that in the meantime the Special Appeal Department be merged with the Hospital's permanent Contributions Department and placed in the hands of Sir Gordon Campbell, Mr. McAdam Eccles and Mr. Austin Leigh, acting as a Standing

Committee, with the assistance of Mr. Herbert Bloye, the Contributions Secretary.

"Further, a Committee of five has been appointed to advise on the financial policy of the Hospital, and on all proposals involving extraordinary capital expenditure or material increase in the ordinary maintenance expenses. On this Committee, known as the Advisory Revenue and Expenditure Committee, the following have consented to serve: Alderman Sir Phené Neal (Lord Mayor), Lord Plender, Sir William McLintock, Mr. Cecil Lubbock and Mr. Stanley Christopherson, the latter acting as Chairman."

From this announcement much comfort may be drawn. The Appeal, so far from ending, is beginning a new phase. The members of the Committee in charge have the absolute confidence of all Bart.'s men, and there is the promise of a change of tone in the Appeal propaganda, which will be gratefully appreciated by all who love and respect the Hospital.

* * *

RETIREMENT OF DR. MACGREGOR.

We regret to announce the retirement of Dr. Alastair MacGregor from the Electrical Department. A correspondent writes:

"At the end of June, Dr. Alastair MacGregor retired from the position of Chief Assistant in the Electro-therapeutic Department after seventeen years' service. It is with great regret that we lose him; his kind consideration towards everyone with whom he came in contact was notable. A unique event marked his retirement. The patients now attending his department desired to give him a present as a token of their deep appreciation of his cheery manner and kind treatment of them. They asked him to be photographed with them, and when assembled on the roof of the Surgery

building, one of the children presented him with a crocodile-skin pocket-book, a silver matchbox with crest and initials, and a portrait-sketch drawn by one of themselves. Dr. MacGregor felt unable to reply at the time, but wrote a letter of thanks later."

* * *

OLD STUDENTS' ANNUAL DINNER.

The Old Students' Annual Dinner will be held on Thursday, October 1st, 1931, in the Great Hall of the Hospital (by permission of the Governors). Sir Percival Horton-Smith Hartley, C.V.O., will take the Chair.

The Rt. Hon. Mr. Arthur Greenwood, Minister of Health, and the heads of the Medical Services of the Navy, the Army and the Air Force will be present.

The price of the Dinner will be 26s. (inclusive of wines). Those wishing to attend should send cheques for this amount, made payable to "W. Girling Ball," on receipt of which a ticket will be issued. The money will be repaid if notice of inability to attend is given on or before September 29th, 1931. The usual practice of paying at the Dinner has proved expensive to the Medical College, as the number of expected usually exceeds the number of actual guests. This year admission will be by ticket only. The Secretaries are Sir Charles Gordon-Watson and Mr. R. M. Vick.

* * *

THE FINAL F.R.C.S. COURSE.

The attention of prospective members of this course is drawn to a letter from the Sub-Dean, which is published on p. 227.

* * *

Major-General Harold Boulton, C.B., C.B.E., Indian Medical Service, has been appointed an Honorary Surgeon to His Majesty the King.

* * *

Dr. E. N. Allott has been appointed Pathologist in charge of the London County Council (Lewisham Group) Laboratory.

* * *

Dr. A. W. Spence has been awarded by the Medical Research Council a Rockefeller Travelling Fellowship for 1931-32.

RECENT ADVANCES IN THE TREATMENT OF FRACTURES.

IT was thought after the war that, as a result of the great experience gained with regard to the treatment of fractures, nothing more could be learnt. Nevertheless, making allowance for the fact that fractures sustained in civilian life are of a different type, and usually less complicated than those received in war, many advances have been made in the last decade.

The number of fractures sustained by the community has increased, due no doubt to the greater amount and speed of traffic in our main thoroughfares. Greater demands are made on the cottage hospitals, especially those adjacent to main roads, and more and more publicity is given to such conditions requiring medical attention. The general practitioner is working under great difficulties in treating such cases unless he has not only an X-ray apparatus available, but also a variety of splints and appliances at hand for immediate use. As a result of the influence of Sir Robert Jones, who gave an address in 1925 on "Crippling due to Fractures," the out-patient treatment of fractures in the big teaching hospitals has been improved enormously. War experience showed what organization could do, and consequently so-called fracture clinics are now well established. This system allows of closer and regular supervision in treatment, and of better co-operation with the X-ray and massage departments. If it is felt that the routine out-patient procedures have failed, arrangements can be made, without delay, for the patient's admission to a ward and the necessary operative measures carried out. Unfortunately these advantages are not always available to the general practitioner. The fact that a number of general surgeons have taken up orthopaedic work, and are devoting their whole time to it, denotes that the standard of treatment is now very high. It is for these specialists to try out new methods and simplify them so that they can be adapted, as far as possible, to general practice.

In the treatment of fractures the first consideration is the saving of life; the second, the saving of the limb which has been damaged; the third, the restoration of the best possible function to that limb. The first chiefly concerns old people, in whom shock will often endanger life, irrespective of complications resulting from enforced, and sometimes prolonged, rest in bed. The greatly improved ambulance service all over the country has proved of immense service in this connection, the patient being transported speedily and comfortably to the nearest hospital without delay. Complications,

too, are reduced to a minimum by the more up-to-date methods of treatment to be touched upon later. The second consideration is the saving of the limb, and here the old slogan of "splint them where they lie" must not be forgotten. The third consideration is the restoration of function. This is our final aim in the prolonged course of treatment which has to be carried out in most cases. No case of fracture can be considered to have been treated adequately unless this is achieved. The basis on which to build up success is undoubtedly *correct anatomical alignment*, and the value of the modern portable X-ray outfits cannot be over-emphasized in this connection. There is, however, another aspect of this question of restoration of function which must not be overlooked. This is the mental outlook of the patient with regard to his injury. So often it is seen that, in spite of a perfect result anatomically, functional result is delayed. Nowadays the tendency is to get the patient to use the affected part as early as possible, and modern methods aim at immobilization of the fracture with voluntary movements of the surrounding parts.

Let us consider in detail how recent advances are helping us to cope with the considerations already touched upon.

THE USE OF PLASTER.

Plaster-of-Paris bandages are used to a much greater extent than formerly. The expert will tend to mould his own splint out of plaster rather than use the stereo-type wooden or metal splint usually available. A certain amount of practice is required to get the best use out of a plaster bandage, but it is of very great value, and far more satisfactory than the average splint. It used to be taught to place a large amount of padding between the skin surface and the plaster. The tendency now is to reduce to a minimum the amount of padding or even to apply the plaster direct to the limb. A plaster applied immediately after the injury prevents swelling to a great extent, but if this has occurred, then it will be necessary to replace the plaster later by one that fits more accurately. This procedure may have to be carried out two or three times. Even so, the result obtained adequately repays the extra trouble involved.

Plaster has been strongly advocated in recent years in the treatment of intracapsular fracture of the femur. The application of this plaster is difficult to carry out unless a Hawley's table, or some modification, is available. This type of fracture occurs frequently in old people, and the great advantage of reducing the period for which they must lie in bed reduces the mortality from lung complications. To give an example: A

patient with a Pott's fracture can be up and about in a close-fitting plaster almost at once. It might be well to point out here that the position of the foot in the treatment of a Pott's fracture has undergone revision. It was generally considered that the deformity should be over-corrected. This resulted in the foot being inverted and adducted in order (it was stated) to maintain the longitudinal arch. If one takes the trouble to invert one's own foot, the longitudinal arch tends to disappear rather than become more marked, and the astragalus is pushed out by this manoeuvre. If the injury is looked upon as an abduction fracture the displacement is overcome by adduction, keeping the foot in the mid-position. This is a position of greater comfort to the patient.

Plaster has also been proved to be of very great value in fractures of the radius and ulna, occurring in children. The position must be one in which the best approximation of the fragments is obtained. In cases of delayed union in fractures of the tibia and fibula, so commonly seen in adults, the application of a plaster in the form of a puttee allows the patient mobility of the knee and ankle-joint, and yet gives adequate support at the site of the fracture, provided that the plaster is moulded to the tuberosities of the tibia and the internal and external malleolus.

In the treatment of carpal injuries, plaster is invaluable. Böhler has shown that a fractured scaphoid will unite in six weeks if the wrist-joint is put in plaster in slight dorsi-flexion and ulnar abduction. In old-standing cases, also, union will take place after a period of immobilization in plaster for about six months.

In Colles's fracture excellent results are obtained by keeping the wrist-joint in the mid-position in plaster for a period of three weeks after reduction, allowing free movement of the fingers.

THE USE OF LOCAL ANÆSTHESIA.

The reduction of fractures under local anæsthesia has proved of great value, and has been extensively used by Dr. Böhler, of Vienna.

His outfit consists of two sterile 10 c.c. record syringes, two short and two long slender needles, two sterile tissue forceps, 30-50 c.c. of a 2% novocaine solution, tincture of iodine, and a few sterile swabs. The object is to inject within a few hours of the injury the novocaine into the hæmatoma formed round the site of the fracture. The larger the hæmatoma, the more complete is the anæsthesia, and one point of injection may be enough. When there is little or no hæmorrhage, such as in a Colles's fracture, the local anæsthetic does not diffuse so well, and several points of injection

have to be made round the site of the fracture. Manipulative procedures can then be carried out without discomfort, and painless reduction effected. There are, however, points to be remembered in this form of treatment. The patient should be lying down during the administration and the limb watched very closely after the anæsthetic has been injected, as the patient is apt to move it, and, without his knowledge, produce further damage at the site of fracture. The advantages are that reduction can be carried out single-handed, and in the case of fracture of the upper limbs the patient can walk to the X-ray room, where further correction, if necessary, can be made.

The extensive use of local anæsthesia has brought out points of considerable importance in deciding the best position to fix a limb in order to bring about the most accurate anatomical alignment. For example, in supra-condylar fractures of the humerus, the old rule was that the forearm should be fixed in flexion and full supination, but this position does not lead to accurate approximation of the fragments under local anæsthesia. The supination brings about spasm of the pronators and they exert a pull on their humeral attachment, the forearm being fixed, and so displace the distal fragment of the fracture. Relax the pronators and the displacement will not tend to recur. Therefore, in order to get the best reduction of this type of fracture, the elbow is flexed at a right angle, the forearm markedly pronated and longitudinal traction exerted. Such complications as Volkmann's ischæmic contracture and damage to the musculo-spiral nerve might be prevented by this position of fixation. It is important to test the distal part of the limb for any loss of sensation before either a general or local anæsthetic is given.

METHODS OF EXTENSION.

The Thomas's splint and its modifications, so ably demonstrated by Meurice Sinclair during the war, are still in general use and well known to all. When extension was required, Sinclair's glue was employed as an alternative to strips of adhesive plaster. The former overcame many of the disadvantages of the latter, but was more difficult to apply and only seemed to be successful in the hands of an expert. The disadvantage of adhesive plaster is the tendency to slip and consequent damage to the skin. To overcome this, plaster-of-paris applied to the limb on the distal side of the fracture with extension bands incorporated was devised, but this again has been superseded by the use of skeletal traction.

Skeletal traction allows of the weight extension acting

either directly on the distal fragment of the fractured bone, or indirectly through a joint. The former would appear to be the more satisfactory method, but the latter is used with equally good effect, and contrary to expectation, no damage is done to the ligaments of the joint pulled on. The ice-tong caliper, gripping the surface of the bone, appears to have been superseded by the Steinmann's pin, which passes through the thickness of the bone and can be inserted under local anæsthesia. A more recent advance is the use of a fine rustless wire introduced through the bone by means of a hollow drill, and kept taut by a special tension instrument to a stirrup from which extension is made. The wire is from 0.8 mm. to 1.50 mm. thick, the finest wire being used for the application of extension to the small bones of the hand. I refer to the Kirschner's wire fracture extension apparatus.

In cases of fracture of the shaft of the femur the pin or wire is inserted either through the condyles at a point 1.25 cm. above and anterior to the adductor tubercle, or through the tubercle of the tibia, if an indirect pull is required. In fractures of the tibia and fibula, simple or compound, a pin passed through the os calcis has proved of extreme value. No trouble will arise in the bone if aseptic precautions are taken. The patient is very comfortable with this type of extension; joints are free to move, and the doctor has far less worry with daily adjustments, so necessary with the older forms of extension. The pin or wire is removed without an anæsthetic.

TREATMENT BY OPERATION.

There is little doubt that the treatment of fractures by conservative means is best. However, a certain number of cases—such as compound fractures, fractures complicated by nerve injuries, or simple fractures where conservative methods have failed—will require operation. Operative treatment can be considered under three headings: (1) Simple open reduction, (2) intramedullary grafts and pegs, (3) inlay grafts.

Open reduction, without the introduction of any foreign body, such as screws, wire plates or bands (referred to by an American authority as "hardware"), is the ideal form of operative treatment. The success of this method largely depends on the skilled use of a plaster-of-Paris bandage afterwards in order to keep the fragments reduced.

In certain cases, however, direct fixation is necessary. Sterile beef-bone pegs are advocated by many authorities; their only disadvantage appears to be a tendency to delay union, though they ultimately become absorbed.

Intramedullary and inlay grafts are highly specialized forms of internal splinting, and should be left to the expert. The use of plates—such an advantage twenty years ago—is now being superseded by these more advanced methods of splinting and traction.

RUPERT S. CORBETT.

A CASE OF SPONTANEOUS PARTIAL SUBGLENOID DISLOCATION AT THE SHOULDER-JOINT.

MR. G—, æt. 41, shirt-cutter, came to the Out-Patients' Department on March 23rd, 1931, complaining of "pain and stiffness in his left shoulder."

He gave the following history: Nine days previously he awoke with pain in the left shoulder; movement of the arm was free but painful. He went to work as usual. The next day the shoulder was stiff as well as painful. He rested, and as there was no improvement he saw his doctor in the evening. The doctor treated him for "arthritis." In spite of treatment, which he continued for six days, the pain grew worse and movements became more limited. He again called in his doctor, who advised him to go to hospital.

On examination.—*Right shoulder:* This appeared normal; all movements were full.

Left shoulder: There was a distinct flattening as compared with the other side.

Axillary circumferences (Callaway's measurements): *Left arm*, 18 in.; *right arm*, 16½ in. There was ¾ in. lengthening of the left upper extremity.

Movements of left arm.—Abduction was possible to 60° without discomfort, flexion and extension to about 40° each; any attempt made to increase these movements caused considerable pain. Movements at the elbow-joint, wrist and fingers were normal.

There was a large bruise over the thenar eminence; this the patient said was due to the forearm being strapped in a flexed position by his doctor.

The main findings were deformity and limitation of movement. Pain was only associated with forced movements. There was absolutely no history of trauma.

Past history.—The patient was in this hospital twenty-eight years ago, under Mr. Harrison Cripps, suffering from hæmophilia. Nine years ago he attended Mr. Capps for a cut finger. He has had other small cuts but these have not bled badly.

Family history.—His brother died from "bleeding from the larynx." A male cousin also suffers from "bleeding."

The patient's *bleeding time* was found to be 2½ minutes (3 mm. blood gun)—within normal limits. His *coagulation time*, however, was prolonged—10 minutes at 37° C.

A skiagram taken of the left shoulder-joint (Fig. 1) showed a partial subglenoid dislocation.

The diagnosis was accordingly "a spontaneous partial subglenoid dislocation of the left shoulder, caused by effusion of blood into the joint cavity."

Treatment.—The dislocation was easily reduced, under a general anæsthetic, by abducting the arm to a right angle and forcing the head of the humerus upward; there being no audible click, only the shape indicated

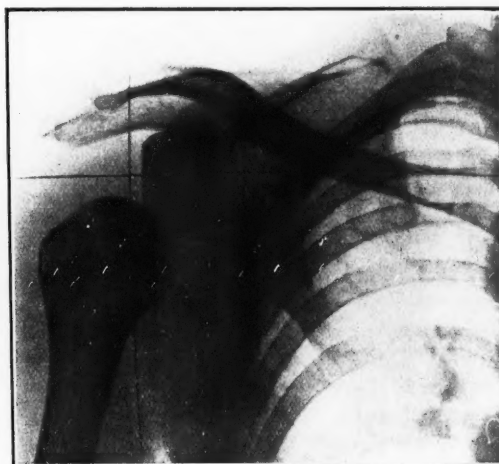


FIG. 1.

that the dislocation had been reduced at the time of operation. After manipulation the arm was strapped to the side, the forearm being at a right angle and across the body.

A skiagram on the next day showed that the dislocation had been satisfactorily reduced (see Fig. 2). This photograph is interesting, as the reduction appears to be rather overdone.

The arm was kept in position for two weeks, when another skiagram was taken, showing that the dislocation was still satisfactorily reduced. Massage and gentle movements were now commenced, avoiding abduction at first. A week later slight abduction was allowed. Massage and movements were continued for a further two weeks, when the patient was permitted to resume work. All movements were now full except for a slight limitation of abduction.

This case is interesting from many points of view. The dislocation was spontaneous, not traumatic; whether the dislocation or the effusion came first is a debatable point. The following facts seem to point to the effusion being the cause of dislocation: (1) There had never previously been a dislocation and the absence of trauma. (2) The direction and position of the dislocation. A subglenoid dislocation is uncommon in any case, but a dislocation with the position shown here

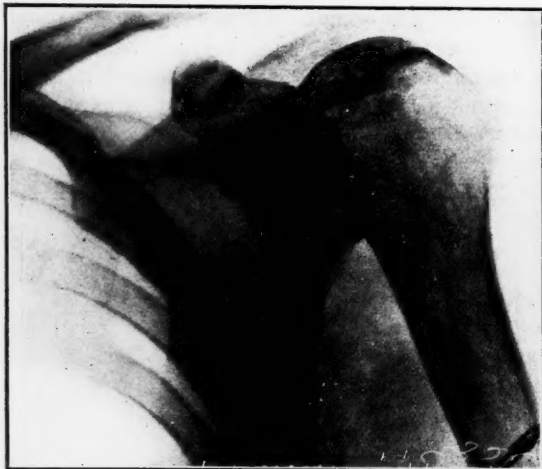


FIG 2.

must be very rare. Yet from an anatomical point of view an effusion of blood into the joint causing increase in intracapsular pressure would tend to drive the head of the humerus downwards into this very position, the inferior part of the capsule being weak and there being no muscles opposed to that drive. In all other directions the capsule is surrounded by muscles. (3) At operation the dislocation was easily reduced, with no audible indication of reduction. (4) Over-reduction was accomplished, again without any audible indications.

My thanks are due to Prof. Gask for kind permission to publish this case, and to Mr. Hosford for much help in collecting details of the case.

G. WEDDELL.

ACKNOWLEDGMENTS.

The British Journal of Nursing—*Bulletin de l'Hôpital Saint-Michel*—*Bulletins et Mémoires de la Société de Médecine de Paris*—*The Caduceus*—*Charing Cross Hospital Gazette*—*The Clinical Journal*—*L'Echo Médical du Nord*—*The General Practitioner of Australasia*—*Guy's Hospital Gazette*—*The Hospital*—*The Kenya and East African Medical Journal*—*Leprosy Review*—*The Magazine of the London Royal Free Hospital School of Medicine for Women*—*Medical Times and Long Island Medical Journal*—*The Middlesex Hospital Journal*—*St. Thomas's Hospital Gazette*.

THE MEDICAL DEMI-MONDE.

BENEATH the respectable surface of the medical world is a sea whose denizens rarely meet the eye. Many remain hidden all their lives; some few are cast ashore, victims of a legal tornado. Their pursuits are devious, but correspond at all levels to those traits of human nature which have called them into existence, and by which they live. They are therefore symptomatic rather than causative.

They may be subdivided into two groups—the Quacks and the Rogues; and these have a distant affinity with that relatively innocuous class, the Bombasts.

The Bombasts rarely descend actually to quackery or roguery. They are academically inclined, or they lack the courage or the opportunity. Moreover, the master of the art, Bombastes Maximus, finds his own calling sufficiently lucrative.

Bombast is manifested medically in three ways: Clothes, Manner, Harley Street.

Your true medical Bombast wears vestments by which his pontifical presence may cow the patient and assure or augment the fee. The tall silk hat, the well-set stock and pearl tie-pin, the orchid or carnation, the cervical spats, the tail-coat and finely striped trousers, tarsal spats and gleaming boots make the man.

It stands to reason that the most successful of the tribe are physically fine-looking.

Manner is an added weapon. It must be carefully differentiated from Personality. Personality is spontaneous, irrepressible and honest; manner is acquired, cultivated and false. Manner may be ingratiating, bullying, or eccentric.

The name "Harley Street" has achieved a world-wide reputation, founded largely upon the fact that its houses were at one time almost exclusively inhabited by honoured and illustrious members of the profession. The *éclat* of its address remains valuable though its good old days are dead.

Some of its inhabitants are still honourable survivors of the old *régime*; more consist of young and as yet unestablished men to whom the address is a meretricious but valuable recommendation; more still consist of quacks or rogues, whose qualification consists in ability to pay rent for their room and name-plate.

The public, however, largely untrained in powers of observation, and carefully saved the pain of thinking, finds it hard to discriminate between the groups, and believes that a Harley Street man has in some nature been ordained and sanctified, be he sound physician, pedlar of vaccines, or osteoquack.

Besides the bombasts, rogues and quacks, and

standing in an intermediate position between them are the fools. Some are quite sincere, and gaze like the Brahmin devotees into the empty nothingness of their central ego. Others are half bombast or half quack, and owe their position to the gratuitous advertisement of having at some time pleased a minor royalty or major newspaper peer. An eminently respectable position in the military or civil medical services is often the rusty preamble to the sunset glories of a fashionable Harley Street practice.

Quacks are of two kinds—qualified and unqualified. Disqualification is the sincerest form of quackery. The successful quack chooses for his field of operations either the diseases that exist only in the minds of hypochondriacs, or those like cancer, rheumatism and arthritis, for which cures are unknown or unsuccessful. Occasionally the superquack invents a method, whose secret is known to himself alone, for the early diagnosis of some such fell disease. He is then able to say, "Yes, you have cancer; but fortunately you have come to the only man in London who could have discovered it so early. If you follow my instructions to the letter, I can perhaps cure you."

The result is very satisfactory all round; the patient is frightened, but eventually "cured"; and for the rest of his days sings the praises of the quack, who benefits doubly by a large fee and a resounding advertisement.

The treatments of quacks, however, must, like the fashions, vary for their Mayfair patients. Vaccines are now so *démodé* that they are almost due for a fresh boom. Light treatment is in its heyday. Subcutaneous injections of oxygen for everything from sterility to cataract are flourishing. The dietitians we have always with us.

Some quacks are really original. The writer was once professionally consulted by an osteopath, "Dr." Blank, who had no practical and personal confidence in his fellow practitioners. Some time after, as a mark of gratitude, he 'phoned up and gave the name of a lady in a hotel who was suffering from a febrile attack. She was visited, and was found to be a simple but pleasant person of good county family suffering from a bad attack of influenza and some slight bronchitis. It was explained to her that if she wished for a daily visit the writer would give her name to a general practitioner who would come in and see her, but that otherwise he would look in in the course of four or five days to see whether she was fit to get up. She preferred the latter arrangement. On the second visit she said, "By the way, Dr. Blank came in after you had gone and said that if you did not want to look in every day, Mr. X— (a Harley Street surgeon known to the writer) would be

only too glad to do so; but I thought it wasn't necessary. And doctor, don't you think it is just too simply wonderful about Dr. Blank—you know, the trances? And they can't bring him round when he is in them. Fancy going back all those centuries. And when he returns he speaks Egyptian for a little, till he is quite round. Such a privilege, too, to have had communion with Æsculapius. And then the light treatments he gives. Oh, my husband swears by him. At the end of the season you know, what would we do without it? Coloured lights, the red or the blue. Not ordinary ultra-violet. Such a dear, clever man, and so busy."

Another quack, qualified this time, charges 100 guineas for a series of subcutaneous injections of oxygen.

A third, qualified and a knight, has reduced vaccine treatment to a mass-production organization. He treats any disease, has a staff of secretaries, cashiers, and an assistant, and manages to see fifty to a hundred patients a day. This, at a minimum of a guinea a time, is Big Business.

Then, hardly divided from these by any recognizable line, come the Rogues.

The least openly offensive form of Roguery is known as Dichotomy. A surgeon practising in Harley Street does all the operative work for a large firm of general practitioners in a North London suburb. He never collects his fee on the spot, but receives quarterly a fat cheque. The general practitioner says to the patient or their relative, "Mr. So-and-So's fee is 100 guineas." He receives this, puts aside possibly 50% of it for the surgeon's account, and pockets the rest. The surgeon is thus in effect bribing him with a view to a corner in the local surgical work. Alternatively they are conspiring to defraud the patient.

The writer has several times been approached with proposals of the same kind.

Once it was couched in these terms: "If I get you to see patients with me in consultation would you mind saying that your fee is 10 guineas, and then handing over one guinea to me? For in that way I am sure of my fee for the consultation with you, which I should otherwise have difficulty in extracting."

The proposal was of course refused, and no other consultations have been forthcoming from that source.

The second occasion was soon after being appointed to the medical staff. A doctor, a contemporary of whom the writer had heard no word since before qualification, suddenly 'phoned up asking if he might come and discuss a patient. At the interview nothing was mentioned other than the medical details of the case. The patient arrived on the following day with the doctor. After the consultation the doctor remained behind and said, "Oh, by the way, this is your share of the fee." The envelope

contained 3½ guineas, the patient having been told that the fee was 5 guineas. The extra half-guinea was returned and the doctor has not been heard of since. The best cure for dichotomy is to send a receipt for the fee actually received direct to the patient. The cat is then out of the bag.

More gross forms of bribery are occasionally come across. There is the rheumatism specialist, who also injects air subcutaneously, and who has an arrangement of 10% commission with his masseuse for every new patient. The doctor at a certain venereal centre receives a stream of clients from the porter, who says to the better-dressed out-patients, "You don't want to go in with all them dirty people. You go and see Mr. Kharsivan. He'll cure you in no time and won't charge you too much." The porter of course does not go empty-handed.

There are other and even more lucrative forms of roguery. A certain anæsthetist, always a curious, rather retiring person, with a predilection for exotic literature, is apparently amassing a considerable fortune. Anæsthetics are for the shop window, for an innocent question put unexpectedly to the sister of a nursing home, in which the said anæsthetist had obviously a number of cases, was revealing:

"Mr. Smith seems to do a lot of dilatations and curettings here, sister. I suppose sometimes five or six a week?" "Oh, many more than that; why, sometimes as many as fifteen." Here she felt she had said too much, and changed the subject in rather an embarrassed manner. Surgical skill alone is expensive enough; its combination with secrecy must be an expensive luxury.

Less turbid waters, but still containing a great deal of sediment, are those that swirl around the law-courts and the newspaper offices.

Workmen's compensation cases are rich in human craft and cupidity. The man is often out to get money for nothing, and his strong point is a pain—an unassessable quantity; the masters, or their insurance company, are out to save money. The result is that, since medical expert evidence is a marketable commodity, certain individuals are found who are ready to make dogmatic statements on insufficient evidence. Ultimately some of them become known to the judges, and their remarks receive an adequate discount.

Journalism is primarily concerned with sales and circulation, secondarily with power; for power is money.

Since science deals with questions which the average reader is incapable of appreciating, its connection with journalism is remote. There are, however, persons willing to write columns in the daily press dealing with the advantages of food in the treatment of hunger, of water or beer in the treatment of thirst, of fresh air and

holidays as remedies for overwork, and other subjects understandable by the readers of the *Daily Swaff* or the *Evening Blurb*. For this they receive money and advertisement, and the scorn or envy of their colleagues.

It would be indeed curious if the medical profession were peopled exclusively by sages, saints, philosophers, scientists and surgeons. That conception is certainly a common one, and one well illustrated by the picture "The Doctor" in the Tate Gallery by Fildes, a work which should surely be labelled "The Doctor's Dilemma," for the poor man has obviously forgotten the dose of the drug he wants to use.

Stevenson used to wonder where the boorish, rough and unpleasant medical students went, and whence all the dear kind and noble medical practitioners came from. Both their origins and endings are those of the other inhabitants of the world, with whom indeed they have much else in common.

G. B.

THE ADVENTURE OF THE ORGANIST OF GREYFRIARS ABBEY.

(With apologies to the late Sir ARTHUR CONAN DOYLE.)

THE late lamented death of William Wilson, Mus. Doc., F.R.C.O., organist and master of the choristers, or *magister choristarum* as it is so quaintly expressed in the statutes of the venerable Abbey of Greyfriars, created a sensation throughout the Kingdom which might at first sight have appeared out of proportion to the importance of the occasion. But the cause was two-fold. Firstly Dr. Wilson was pre-eminent in his profession, a man of culture and charm, beloved by everyone with whom he came in contact, a composer of the first rank and a magnificent organist: his accompaniments of the services were expositions of rare artistry, wrought with a skill which none could excel and few could equal—his playing fell little short of the sublime. But apart from the great loss thus sustained by church musicians, the circumstances of his death were so brutal that they raised a thrill of horror when they were made known, and these associated events served only to fan the flame of public interest, which reached its height when it became known that on the advice of the Bishop of the Diocese the Dean and Chapter had called in the help of my friend Sherlock Holmes. I was present when the Dean made his visit and so heard the story in his own words.

"You must know, Mr. Holmes," he began, "that Dr. Wilson's habits were a trifle eccentric. He could

on occasions be decidedly peppery, but as far as I know his outbursts of temper were only momentary and he had no enemies."

"Can you mention any of his eccentricities?" interrupted Holmes. "Well, they are hardly deserving of the name," replied the Dean; "for instance he hated the least sound when he was playing—a footfall might have been a thunderclap. He would play no voluntaries. 'I am not here,' he often said, 'to provide a musical accompaniment to the footsteps of the departing congregation!' After one military service while he was playing his concluding recital the colonel of the regiment disturbed him by talking in a rather loud voice near the organ. Dr. Wilson grew as red as a beetroot, his neck swelled visibly. 'Pah!' he exclaimed, and crammed on stop after stop until the very foundations vibrated and the colonel had to move off. That is the only occasion I know," said the Dean with a smile, "when a colonel's voice has been silenced so effectively. The doctor would play long after the services; he of course had his own key to the Abbey, and when he was in the mood he would play on, oblivious of time. It was on one such occasion just a month ago that he met his death. Recently a scheme was started whereby the old hydraulic blowing installation, which derives its power from the adjacent river, was to be superseded by an electrical one of modern design and greater efficiency; the whole of the cost has in fact been covered by money raised at Dr. Wilson's recitals, and the engineers finished it last week. On the night of July 4th, after evensong, which ended at 8 o'clock, he played on; but shortly after midnight the verger, passing the Abbey on his way home across the fields, heard the water running to waste from the engine, which was apparently still working. Thinking that the doctor had forgotten to turn it off he went in and found the building in darkness except for a light in the organ-loft. He went up and found to his horror the body of the organist lying with the skull battered in; around him were several heavy blood-stained organ pipes. It first appeared as if these had fallen from the case and the doctor had been killed accidentally, but experts have shown that the case was sound, and from scratches on the wood-work have concluded that the organist was first murdered, and the murderer then deliberately climbed up the organ-case, removed the pipes and laid them around the body in order to suggest an accident.

"The Festival of our foundation falls this week—we are trying to collect a hundred thousand pounds for our restoration fund. Very fortunately for us a deputy has come forward in the person of Dr. James Macclesfield, who was formerly an organist in Belgium, and hitherto unknown to us except that he is spending a quiet fishing

holiday in the town; he is a most accomplished musician, and has promised his services until the festival is over."

"How much have you raised already—where do you keep the money?" asked Holmes.

"We have done well and collected about twenty-five thousand pounds in the last two months. About a third of this is still in a safe in the Dean's vestry." "You must take it to the bank at once," said Holmes; "it may be too late already. I was leaving for a holiday in Cheshire this evening but that must wait. Dr. Watson and I will come down to-morrow. You should have consulted me before: how blind these official police can be!"

And so it happened that on a glorious August morning my friend and I were trudging blithely enough across the moors towards the ancient cathedral town. Holmes has a fine appreciation of the beauty of Nature and had insisted on our travelling overnight—I admit to my annoyance; but he had so planned things that we left the train six miles short of Greyfriars, so that we had the delight of seeing a matchless dawn, and a never-to-be-forgotten walk in the early morning of a perfect summer's day. The air was fresh, the sunshine exhilarating, and the dim grey mass of the Abbey in the distance with the town nestling around its feet, finally resolving itself into three great towers soaring high above a crowd of red roofs and quaint gabled houses, was a picture I shall not readily forget. The trees were in the full glory of their summer foliage, and around the town reflecting towers and spires, blue sky and clouds in its face flowed the broad river. One or two enthusiastic anglers were already at work—I remember the torrent of abuse which Holmes received from one when he absent-mindedly hurled a brick into the water. He never could resist throwing stones into the sea when he was a boy.

We bathed in the river, and then, ravenously hungry, made our way to an inn, where we arranged to stay. After a rare country breakfast we lit our pipes, and sauntered round the town for an hour before calling at the Deanery. The Dean greeted us warmly. "You are just in time," he said; "they are busy rehearsing some special music for the final service to-morrow. I will ask Dr. Macclesfield to take you up to the scene of the accident; he can conduct the tour himself—these organists are very jealous of their holy of holies, and woe-betide any sacrilegious person who dares to set foot uninvited in the organ-loft."

We crossed the lawn and entered the Abbey by the south transept. It was a mighty building, largely erected during the reigns of Richard I, John, and Henry III, a period regarded by many as the purest and noblest in the whole era of Gothic architecture. Its vaulted

roof ranks equal with the finest of European cathedrals; the stained glass is unrivalled in the world. Down the nave came softly the concluding bars of the anthem as we walked slowly towards the choir. The Dean introduced us to Dr. Macclesfield, a man of striking appearance—tall, dignified, with white hair and a commanding presence. Holmes would not allow me to accompany him; "the fewer footprints about the place the better," he explained; so I spent an enjoyable half-hour with the Dean touring the Abbey. At last they came down—Holmes wanted to see the blowing installation. Dr. Macclesfield was very red, my friend unusually urbane. I could see they had quarrelled. The Dean called a verger, who took us down into the crypt, where he unlocked a little oaken door. We looked into a stone chamber about twenty feet square. A stone staircase led down to the floor some twelve feet below us, where, bedded in concrete, stood the engines: the electric motor was obvious in its shining newness, coupled side by side with its series of fans. Close to it was a separate unit connected by rods with huge bellows in the roof.

"Hullo!" said Holmes, "What's this?"

"It is the old hydraulic plant," said the Dean. "It was really at Dr. Macclesfield's suggestion that we left it. It is still in working order, and he pointed out that it could be used if the electric power failed. We thought it rather extravagant, but he had his way in the end."

Holmes went down and crawled round the hydraulic plant on all fours, examining it with a powerful lens. The organist stood on the top step and sneered openly. My friend finally came up and said it would help him greatly if the two of us might sit in the organ-loft the following afternoon.

"Very well," said the doctor, "on two conditions: first, that you are punctual; secondly, you mustn't sing. I hate people singing down my neck."

I discovered as we went back to lunch that Holmes had produced from his pocket a copy of "The Maiden's Prayer" and asked the organist to play it for him. Holmes said he thought the fellow was going to blow up. He thereupon offered to play it himself, and had indeed climbed on the stool when the doctor clutched him by the throat, dragged him off and literally frog-marched him downstairs. "But," said Holmes, "I intend to enter the Abbey to-night and play to my heart's content."

I spent the afternoon with my fishing rod and the evening on the river. Holmes said he wanted to sleep and think. I got back to the inn late at night and found the place in an uproar. My friend was lying on his bed semi-conscious with a cut over the right parietal eminence. The Dean had gone into his vestry for some papers about eleven o'clock and heard a most unearthly

screaming as if all the pipes in the organ were speaking at once—a sound he had never heard since one organist fell off the stool during a service. He hurried upstairs, and found a heavy mutal pipe lying on the floor. Holmes, unconscious, had fallen forward on to the keys; his head was leaning on the music-rest and was bleeding all over the pages of "The Maiden's Prayer." I stitched his scalp, and in a few hours he was almost his normal self; he remembered nothing of the accident, but insisted on appearing at the service the following afternoon as if nothing had happened. I made him spend the morning in bed, and we went across the fields a quarter of an hour before the service. The bells were pealing in a perfect cascade of joyous sound, and the huge building was full as we made our way up the nave to the winding staircase, which led up through the thickness of one of the great pillars of the central tower till we came to a short passage; along this we walked, to find ourselves in the organ-loft perched on the choir screen. Far below to the west was the crowded nave—a sea of faces; to the east the glorious choir with its matchless carving, the great window ablaze in the sunshine. Seated on the stool was Dr. Macclesfield, resplendent in his robes, a wealth of cream damasked silk and crimson satin which fell in folds of rich colour around him. Facing him was the huge console—five manuals, and on each side bank upon bank of shining ivory stops. At his feet lay the pedal-board, two and a half octaves of giant keys, and a multitude of controls; above his head rose the gleaming golden pipes enclosed in an oaken case, whose turrets stretched upwards, their summits half-seen in the gloom far above us. A telephone at his side communicated with various departments of the building, and a faint hum from below together with the gentle hiss of escaping air close beside us showed that the engine was running, driving the wind along the huge wind-trunks to the chests, where it was ready compressed, waiting to do the organist's bidding.

As three o'clock struck the great west doors were thrown open to admit the procession. Dr. Macclesfield began to play, and reflected in the mirror above his head we saw its stately progress, slowly and majestically up the nave, a double line of glorious pageantry, medieval in its splendour. The music was at first felt rather than heard, a low indeterminate murmur, which gradually "began to roll and stir, with a grave melodious thunder" till its climax was reached just as the procession passed under the screen, the last notes dying away as the Bishop took his place on his throne. However great may have been Dr. Wilson's talent, his deputy was undoubtedly a master: he played as if inspired, rapturously oblivious of our presence; his playing was superb. He handled his instrument as if

he were part of it, and managed the choir and that vast congregation with consummate skill, bringing their voices down softer and softer till they were little more than a murmur, and leading them up and up until the very arches seemed to vibrate with the volume of their music as it rolled echoing down the roof. I sat enthralled and heaved a sigh of genuine regret as the service drew to its close. Finally he began Mozart's magnificent Fantasia in F minor as his concluding recital. At this point Holmes crept out of the organ-loft; the slight noise of his leaving made us turn our heads, and we just caught sight of the seat of his trousers with a huge spanner protruding from the hip pocket.

"Let him go," snarled the organist; "he only came to hear me because there was no football match to go to," and he continued his playing one of the most admirable renderings of the piece I have ever heard. The music was nearing its climax. I listened in breathless anticipation as stop after stop came out in perfect sequence, a magnificently executed crescendo. The pedal reeds, sonorous and penetrating, came out in all their grandeur as the doctor returned to the triumphant reiteration of the original theme. And then I noticed the little finger of the voltmeter, registering the voltage of the mechanical action, quivered violently and dropped to zero as the wind failed: the organ's thunder ended in a despairing scream and was silent. Dr. Macclesfield quickly turned on the hydraulic engine—there was no response. He seized the telephone and rang down to the blowing chamber—there was no reply. He turned to me with a face blazing and contorted with fury and disappointment.

"That's your friend," he said, "the miserable, blithering, pettifogging busybody!" and drawing an ugly-looking bludgeon from a drawer he slid off the stool and hurried downstairs. I followed at a run down to the crypt.

The door of the blowing chamber was open and it was flooded to a depth of about eight feet; amidst the swish of pouring water we saw Holmes, swimming round and round like a goldfish in a bowl, using a powerful trudgeon stroke. The organist and I stood thunderstruck at the sight.

"Catch him!" shouted Holmes, ejecting a mouthful of water, "it's Larkin!"

I turned in amazement just as the organist threw his bludgeon. It caught Holmes between the eyes and he sank like a stone. I stood irresolute—a rhythmic stream of bubbles showed where my friend lay breathing gently. Should I rescue him or capture Larkin? I could imagine his anger if I let Larkin go; on the other hand I couldn't let my friend drown like a dog. The question was decided for me. A terrific uppercut

caught me fairly under the chin; I fell backwards; there was a loud splash and I sank down and down. As I reached the bottom I felt a soft object; it was Holmes. I clutched him and we rose together. By this time the water level had reached the door; we floated out down the crypt, where we landed. After a few minutes' artificial respiration Holmes recovered sufficiently to return to the inn.

* * *

"Well, my dear Watson, what are your views of this peculiar business," said Holmes, as we sat in his room at Baker Street. "What of the deputy organist? What was his motive?" "He was a man of skill and foresight," I said, "as evidenced by his playing and his enterprise in having the organ blown by two separate engines; his motive I cannot guess." "A very poor effort," said Holmes. "You get worse, Watson. First of all the motive was robbery: large sums of money in the vestry; he knew the organist's irregular hours and freedom of access to the building; it was easy and obvious to murder Dr. Wilson and take his place. He was, however, not fool enough to hide the money on his own premises. I examined that hydraulic engine and found scratches on it suggesting that it might have been explored for use as a hiding-place—no one would suspect that. He recognized me as likely to cause trouble after he saw me examine the engine—a mistake on my part. Hence the first murderous attack on myself. We foiled him by banking the money, but I knew some was lying in the Dean's safe after the morning services and hoped to open his hiding-place and catch him red-handed. Unfortunately I turned the wrong screw with my spanner and disconnected a huge pipe, from which belched forth a torrent of water at terrific pressure. It hit me in the chest and knocked me flat; before I could recover the place was flooded, the motor was submerged, short-circuited and the wind failed, fortunately bringing you down. The rest you know."

"Holmes," said I, "you are wrong. I don't believe he is Larkin at all, although he has disappeared."

"Who murdered Dr. Wilson then?"

"I don't know."

"Why did he assault me?"

"Well," I said, "you quarrelled at sight almost, and not only wanted him to play your tune, but even tried to play it yourself before his very nose. Next you played his organ without permission the same night when you were attacked. Lastly you ruined his recital—the crowning point of a week's memorable music—and wrecked the blowing plant: if that isn't enough provocation for a smack between the eyes I don't know what is!"

"Why does he keep a murderous club in the organ-loft?"

"For self-defence; you will remember two people had been attacked there already."

And I was right. A week later, after hearing strange noises in the roof one night the verger searched the Abbey afresh and dislodged a man from a little corner of the triforium. He escaped by a narrow window, and climbing down the buttresses with great speed made off across the fields; in the darkness he fell in the river and was drowned. The body was identified as that of a homicidal maniac who had escaped from a lunatic asylum six weeks before, and like the Hunchback of Notre Dame, made his home amongst the gargoyles. Carved on the masonry were records of the attacks on Dr. Wilson and Holmes. I have no doubt Dr. Macclesfield's turn would have come soon.

The motive was uncertain: he probably resented the disturbance of his rest by the organ, just as the lunatic in the latter part of last century who, disliking the "buzzing of the organ" in York Minster, concealed himself after a service and set fire to the Choir stalls, doing irreparable damage.

Holmes's holiday is still postponed; he is saving up. The crypt was flooded, and the local fire-brigade had to be called in to pump out the water. The damage to the blowing apparatus is considerable: by some unlucky freak of mechanics water was sucked along into the organ, which has had to be overhauled at a cost of over two thousand pounds. On the advice of the Bishop of the Diocese the Dean and Chapter have assessed the value of the damage and are suing Holmes for it. The bill for the whole amount came this morning and I'm afraid he'll have to pay. However, as I pointed out, things are not as black as they might be for, by the same post from Dr. Macclesfield at Leipzig, Holmes got a charming letter of sympathy—an ounce of tobacco and a brand new copy of "The Maiden's Prayer."

F. W. J. W.

STUDENTS' UNION.

CRICKET CLUB.

St. Bartholomew's Hospital v. Old Paulines.

July 4th at Thames Ditton.

Batting first we scored 225 (Kirkwood 63). With Killick batting the Paulines always looked like winning, but after he was out for a valuable 72 they still needed 60 with 4 wickets to fall. At this point R. S. King, who had just come in, hit 5 sixes in a score of 57, enabling the Old Paulines to win by 2 wickets.

St. Bartholomew's Hospital v. St. Anne's (Virginia Water).

Played July 8th.

We batted first and scored 239 (Wedd 90). St. Anne's had about three hours to get the runs and never looked like doing it. On the other hand, we never looked like getting them out. Finally, after extra time, they scored 190 for 2.

JUNIOR CRICKET CUP FINAL.

St. Bartholomew's Hospital 2nd XI v. Guy's Hospital 2nd XI (Holders.)

By defeating Guy's 2nd XI at Winchmore Hill on Monday, July 13th, Bart's 2nd XI won the Junior Cricket Cup for the first time. Play started at 11.30 a.m. with rain threatening, and Bart's, who had won the toss, opened with H. V. Knight and B. Rait-Smith to the bowling of Woodiwis and Lowry. These two bowlers showed excellent form, and praise is due to our opening pair for the way in which they wore down the bowling in the first half-hour. Steady play took the total to 36 before Knight was bowled, while at 11 Rait-Smith was bowled off his pads for a delightful 35, which included five boundary hits. At this juncture a great piece of fortune fell to Bart's, for Dolly, with his score at 7, skied a ball to short leg, only to see the fielder fail to bring off a catch. Profiting by this lapse Dolly and J. T. C. Taylor pushed the score along briskly, until at 106 Taylor was out for a bright 28. Joined by R. C. Walch, the two batsmen took part in the most profitable partnership of the innings, and when lunch was taken the total had reached 165 without further loss. After the interval Walch, who rarely missed an opportunity of punishing the bowlers on the off-side, quickly completed a brisk 50, and almost immediately afterwards was caught in the slips. W. M. Capper then came in to give quite the most confident display of batting on our side. Right from his first ball, which he despatched to the boundary, very few deliveries which he received escaped punishment. Dolly, meanwhile, after a shaky start had shown the soundest of form, and was most unlucky to be run out when 83, for he had appeared absolutely set for a century. He left at 227, and one run later Capper failed to get hold of the ball in attempting to drive to the sight-screen and was caught and bowled for 25. C. M. Dransfield and J. H. Pierre, however, re-consolidated our position, and subsequently indulged in some brisk hitting, the cutting of Dransfield being particularly well timed. Pierre was caught at the wicket for 34, and shortly afterwards, when a downpour of rain drove the players to the pavilion, the innings was declared closed with the total at 302 for 7 wickets, Dransfield being not out 29. The rain continued for half an hour, but play recommenced at 4.15, leaving Guy's a quarter of an hour to bat before tea. The Bart's attack was opened by J. R. Gillman and F. J. S. Baker, but neither could obtain much response from the sodden wicket, and at tea Guy's had scored 11 runs without loss. The interval proved a valuable change bowler, for almost immediately on resuming Gillman persuaded the batsman to nibble at a ball as it swung away and Rait-Smith took a catch at second slip. This wicket fell at 12, and at 14 the same bowler upset the newcomer's stumps. With the advent of L. E. Marshall, however, some hearty batting and quick running between the wickets was seen, and Bart's were relieved when at 47 Gillman bowled Marshall for 24. When 6 Guy's wickets had fallen for 53 runs, Gillman and Genet made a stand for Guy's, the former making many good scoring strokes while the latter concentrated on defence. The partnership had lasted 40 minutes, when, throwing himself forward, Gillman brought off a good catch to dismiss Gillham off the bowling of Baker, who fully deserved a wicket. The Guy's total was now 92, and Dolly, coming on for the first time, quickly secured 2 more wickets, and with 98 on the board with 9 wickets down L. S. Woodiwis strode to the wicket to face Dolly. His first ball he missed; his second he despatched to the boundary for 4; his third ball suffered the same fate, while the fourth delivery he received he sent flying with a mighty stroke to the hard tennis courts for one of the longest 6's seen at Winchmore Hill this season. However, this gallant innings was brought to a close by the next ball, which hit the stumps. Once again Gillman was the outstanding bowler for Bart's, his 5 wickets being obtained at a cost of 21 runs. Dolly, with 3 wickets for 21, also bowled well. The Bart's fielding was of good standard, as it has been throughout the season.

Scores.—Bart's, 302 for 7, declared; Guy's, 112.

2nd XI Record: Played 11, won 7, drawn 1, lost 3.

J. R. R. J.

UNITED HOSPITALS SWIMMING CLUB.

The Annual Gala was held at the Bath Club on June 30th. It was an even greater social and aquatic success than usual. Mrs. Vick presented the prizes, and, as was meet, the three challenge cups for swimming, diving and water polo were won by Bart's. It is the first occasion on which Bart's have won all three championships, and it is the first time we have ever won the Diving since the cup was presented in 1921.

Fifty Yards.—Sutton, who the previous evening had broken the British 220 yards record in 2 min. 20 $\frac{3}{4}$ sec., took the water with a characteristic long dive which gave him a foot lead right from the start. Getting into his stroke straight away, he gradually increased his lead and at the turn was 1 $\frac{1}{2}$ yards ahead. By Olympic swimming in the last length he won by 3 yards. The time of 24 $\frac{3}{4}$ sec. was a record.

Diving.—The general standard of diving seemed much better than in recent years. The Bart.'s team was C. A. Brockbank and B. H. Goodrich, who both dived well and were placed 2nd and 4th respectively, thus winning the cup from Guy's, who were 1st and 6th.

One Hundred Yards.—Sutton and Vartan had both survived to the final four. From the start it was obvious that Sutton intended not only to win, but also to see by how much he could break the record; he broke it by 3 $\frac{3}{4}$ sec., his time being 54 $\frac{3}{4}$ sec. The real race was between the three other finalists and was perhaps the best of the evening. At the end of the 3rd length Young of Mary's was leading with Vartan and Walker of Guy's a yard and a half behind. Vartan, after a very gallant attempt in the last length, just failed to catch Young by a yard, but beat Walker by the same distance. Vartan's time for the 100 yards was 61 $\frac{1}{2}$ sec.

Team race (four swimming at 1, 3, 1, 2 lengths).—This relay this year replaced the 200 yards race. Bart.'s won in 1 min. 34 $\frac{1}{2}$ sec., which, as it is the first time, is also a record. Six hospitals swam. At the end of the first length Flavell had swum well into second place, then Sutton, who swam the 3 lengths, put the issue almost out of doubt, but Kanaar and Vartan, not satisfied, both increased our lead.

Team Race (six swimming 1 length).—This was a very good race. It is never won by much. This year we led almost from the start and Sutton was given a lead of nearly 3 yards. The swimming of the Bart.'s team was very good all through, Sugden's stroke being noticeably easy. Six hospitals swam; Guy's were second and St. Thomas's third. The team was J. H. West, R. Sugden, M. Flavell, C. A. Kanaar, C. K. Vartan and R. J. C. Sutton.

Water Polo Final v. St. Thomas's.

Owing to the excellence of Sutton this game was somewhat of a walk-over; without him it should have been a very close game. The rest of the team played well, especially Vartan and the two new members, Kanaar and Flavell. Bart.'s won the toss and defended the deep end. After about 2 minutes' play Kanaar scored with a particularly good shot. Vartan and Sutton and then Flavell took it in turns to score after that, and at half-time we were leading 7-1. In the second half Bart.'s added 4 more goals, and Thomas's scored again after a good swim by Wolfe, the final score being 12-2. The goal-scorers were Kanaar 3, Sutton 4, Vartan 3 and Flavell 2. The Bart.'s team was: D. White (*goal*); J. H. West, R. R. Race (*backs*); R. J. C. Sutton (*half*); C. A. Kanaar, C. K. Vartan, M. Flavell (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL GOLFING SOCIETY.

The fourth Summer Meeting of the St. Bartholomew's Hospital Golfing Society was held at the Verulam Golf Club, St. Alban's, on Wednesday, June 10th, 1931. Rain fell part of the afternoon, but the evening was fine. Twenty-two members played in the singles, twelve in the foursomes, and ten stayed for supper at the Club.

The results were as follows:

Gordon-Watson Cup.—R. Coyte and J. G. Milner tied at 1 down to bogey. The cup was awarded to Coyte, as he had the best score for the last nine holes.

Sweep for the last nine holes, Major F. J. Anderson; the six sealed holes, S. L. Higgs.

Foursomes.—L. W. Bathurst and J. Cunning and J. G. Milner and G. C. Woods Brown tied at all square the first nine holes and 3 down for the eighteen holes.

The Honorary Secretaries would like to take the opportunity of reminding all Bart.'s men, especially those recently qualified, who play golf of the existence of the Society. Anyone who wishes to join should send the entrance fee for the Life Membership (5s.) to one of the Secretaries, c/o St. Bartholomew's Hospital.

The Autumn Meeting will be held on Wednesday, September 23rd, and we hope to be allowed to play at Wentworth Golf Club.

G. GRAHAM,
R. S. CORBETT,
Hon. Secretaries.

GOLF CLUB.

ST. BARTHOLOMEW'S HOSPITAL v. SANDY LODGE.

Played at Sandy Lodge on July 8th.

G. A. Hill	1	H. D. White	0
G. G. M. Bennett	1	J. N. Groves	0
Lt.-Col. Brown	1	K. W. D. Hartley	0
J. Bennett	1	W. Wilson	0
Glanfield	1	R. Peart	0
E. Dexter	1	J. Wilson	0
Collette	1	T. W. Whitehurst	0
Lankester	1	O. S. Tubbs	0
	8		0

Lost by 8 matches to nil.

ST. BARTHOLOMEW'S HOSPITAL v. R.A.M.C.

Played at Oxhey on July 15th.

Major A. L. Foster	0	C. M. Carr	1
Lt.-Gen. Sir H. B. Fawcens	1	J. N. Groves	0
Major H. H. Blake	$\frac{1}{2}$	H. D. White	$\frac{1}{2}$
Col. E. W. W. Cochrane	0	G. D. Wedd	1
Capt. E. G. Dalziel	0	K. W. D. Hartley	1
Major E. A. Strachan	1	W. Wilson	0
Col. F. S. Irvine	0	A. R. Cutlack	1
Major G. P. Kidd	0	J. Wilson	1
	2 $\frac{1}{2}$		5 $\frac{1}{2}$

Foster and Fawcens	0	Carr and Groves	1
Blake and Cochrane	1	White and W. Wilson	0
Dalziel and Strachan	0	Cutlack and Wedd	1
Irvine and Kidd	1	Hartley and J. Wilson	0
	2		2

Bart.'s won by 7 $\frac{1}{2}$ matches to 4 $\frac{1}{2}$.

W. WILSON.

REVIEWS.

A TEXT-BOOK OF SURGERY. By JOHN HOMANS, M.D. (London: Baillière, Tindall & Cox, 1931.) Pp. xii + 1200. 513 illustrations. Price 40s. net.

There are already so many text-books of surgery that the most natural question to ask on meeting a new one is whether it can justify its publication. It may be said at once that this volume, compiled by Dr. Homans, from the lectures and writings of a score of teachers in the Harvard Medical School, possesses certain features which amply justify its existence. In addition it is a pleasant book to handle and to read, being printed in clear type on specially made paper. At the present time a laudable and increasing interest is being taken in the history of science, and there are many who would welcome the introduction of lectures on the history of medicine into the course of study for a qualifying degree. A better plan still is to present each subject in its correct historical setting, showing how the present position has been arrived at in each field. All will welcome the attempt made in this book to carry such a plan into practice, for each chapter begins with a short historical sketch which is not only of interest, but of great value to the student. The anatomy and physiology of each system is briefly but adequately described, and upon this foundation the pathological and clinical picture is built up. It will be seen that the work has been well conceived; and its real object—to record the teaching of surgery at the present day in the Harvard School—is in itself sufficient to recommend its careful study. In order to limit the size of the book to one volume, the author has decided to concentrate upon the practice of surgery, and to exclude the lengthy and often redundant chapters on pathology which the older books contain. In this we believe he has acted wisely, for now that the student has many works on pathology to choose from, he will be less inclined than ever to pay any attention to the pathological section in the surgery book, which is therefore better omitted; the present work contains just about as much pathology as is indispensable. Another feature which makes this book particularly attractive is a bibliographical

index which, though it cannot be exhaustive, gives references to most of the important surgical literature, and is certain to supply not only information, but also a stimulus to further study. It is essentially a students' text-book, and is not a book of reference, nor does its size permit of the inclusion of theoretical matter dealing with the many unsolved problems of surgery. It will therefore not be of real help to those studying for the higher surgical degrees and diplomas. Some sections are particularly good, especially those on the nervous system and the chest; the greater part of the book is of the standard indicated above, and a few chapters are in comparison surprisingly poor. For instance the descriptions of all the chronic infections of bone, cystic disease of bone, and the diseases of bone which are apparently of metabolic origin all require revision. The accounts of most of the tumours, more especially of the salivary gland tumours, melanoma, hypernephroma, and tumours of the testis are very sketchy and incomplete. The lack of discussion of subjects only partially understood (which has been mentioned already) is brought out when a giant-cell tumour of bone is described as an inflammatory condition without giving the student any good reason against its being a neoplasm. The genito-urinary system as a whole gets less than its fair share of space, and diseases of the testis are practically left out altogether. Such defects are so obvious in a work which is otherwise of a high standard that they will doubtless be attended to in future editions. The book is illustrated by plentiful drawings, most of which give a clear picture of the subject in the text—but it is evidently difficult if not impossible to make a good drawing of a skiagram, for most of the reproductions of X-ray pictures would be better omitted if they cannot be reproduced as photographs. It is natural to suppose that the book is intended primarily for Harvard men and for medical students on the other side of the Atlantic. In spite of its many good qualities, it seems unlikely that it will replace the books to which students have become accustomed on this side of the water.

A MEDICAL HANDBOOK FOR NURSES. By I. STEWART, S.R.N. (London: Faber & Faber, 1931.) Pp. vii + 367. Price 6s. net.

In the present wave of enthusiasm amongst members of the nursing profession Miss Stewart's book is a venture. The book is small in capacity but the text covers 341 pages; these are for the most part crammed with useful information—there is no padding, and the illustrations are kept to a minimum. Fevers are omitted. The range covers those tutorial classes given to amplify and explain points which have been necessarily scantily dealt with in the more formal lectures: the syllabus is already so crowded that any lecturer to senior nurses realizes the futility and impossibility of trying to talk about everything. The examination candidate will find here most of the topics which she may meet with in her examination. Signs and symptoms of a disease lead to questions on its treatment, drugs, diet, local applications. A noteworthy feature is the accuracy and useful data involved in the multitudinous routine preparations. Wherever possible the exact amount of a common preparation is given, e.g. the directions for medicated baths, instead of such directions as "dissolve the necessary amount."

It is satisfactory that the modern trend to withhold morphia in hæmoptysis is stated. The chemical analysis of urine is unusually full. Such illustrations as are included are good, particularly the administration of oxygen and postural treatment of bronchiectasis. Such small refinements as these all make for clear thinking and encourage an orderly frame of mind; moreover they raise the book from being just "good" to a real height of value, making it one to which many will gratefully fly for information and succour in the dark days before the examination when all seems chaos, and lecture notes fail to restore light and order.

THE RATIONAL TREATMENT OF VARICOSE ULCER AND VARICOCELE. By W. TURNER WARWICK, M.B., F.R.C.S. (London: Faber & Faber, 1931.) Pp. 188. Price 5s. net.

It is depressing in some ways that anyone could find out that varicose veins are such a subtle, deceptive and thorny problem as Mr. Warwick has shown. Even the pile is not free from guile and may lead the operator into a pitfall. There are still a fair number who in the morass of surgery and medicine look upon varicose veins as a clean, straightforward subject, fit for a question in a surgical examination. Signs and symptoms obvious; causes—constipation, garters

and gravity; treatment—excision, ligature or injection. A small syringe and a bottle of sclerosing solution provided a cheap surgical equipment with which anyone might make his name by rapidly and painlessly obliterating the gnarled and knotted veins of some country squire: we pictured the patient's grateful pride as he rolled up his trouser leg in the smoking-room of his club and sang our praises. The humble charwoman might do us equal service, for she has been known to display a fat leg disfigured by dilated veins and fœtid ulcer to her sympathetic neighbours.

But Mr. Warwick makes us hesitate before we stab the vein; he has searched the literature with a thoroughness and a skill which calls forth our admiration—we only wish he had translated the French passages. Actual treatment occupies about 60 pages, and the first 114 are devoted to the anatomy, mechanics and tests for varicosis: the historical sections and earlier controversies are heavy reading. The most valuable contribution is the attention drawn by the author to the significance of the connections between the deep systems and superficial veins.

The bibliography is extensive; the illustrations are few, but simple and clear. The fig. 6 on p. 73 showing an X-ray photograph after injection of the posterior tibial veins is one of the most beautiful demonstrations we have seen. Mr. Warwick's thesis is almost proved on this plate alone. He has tackled his subject in a masterly style, his research is sound, practical and common sense. An enormous amount of work is compressed into a small volume, and such considerations as are put forth should do much to prevent the promiscuous injection of dilated veins without careful examination, thus reducing the unsuccessful results in ill-selected cases which do so much to bring the method into disrepute.

MIDWIFERY FOR NURSES. By DOUGLAS MILLER, M.D., F.R.C.S. (Edin.), M.R.C.P. (Edin.). (London: Edward Arnold & Co., 1931.) Pp. vi + 252. Price 6s.

Among elementary text-books of midwifery—and their name is legion—this work is distinguished by the simplicity of its language, and by the care which the author has taken to be as explicit and non-technical as possible. The book is suitable for nurses who have not graduated at a general hospital before beginning their training in midwifery. The normal processes of pregnancy, labour and the puerperium are described in full detail, and the instructions given for their management are in accordance with the teaching of this hospital. Abnormal conditions are more briefly outlined. The book fully supplies the requirements of those for whom it is designed and the price is very reasonable.

JOKES: SEEN AND UNSEEN. THE LIGHTER SIDE OF UNIVERSITY LIFE. Amusing Stories collected by D. F. FRASER-HARRIS, M.D., D.Sc. (Paisley: Alexander Gardner, Ltd., 1931.) Pp. 126. Price 2s.

Though the war has shorn the world of time and money, of the making of books there is no end. Yet few people will grudge the price of two shillings for a couple of idle hours free from care. Prof. Fraser-Harris's collection of over one hundred jokes, mainly relating to principals, professors and students of Scottish and Canadian universities, is a pleasantly printed volume, which can be slipped in the average pocket. The distribution of one joke to every page makes ideal reading for a tedious railway journey. Some of the anecdotes are very good (these one is sure to hear again!), some are good, and some not so good, though there are surprisingly few "chestnuts." To the historically-minded there is definite value in preserving for posterity stories told of such giants as Huxley and Lord Kelvin, which are handed down by word of mouth and often become distorted in the process.

THE PHYSICAL AND RADIOLOGICAL EXAMINATION OF THE LUNGS. With special reference to Tuberculosis and Silicosis, including a chapter on Laryngeal Tuberculosis. By JAMES CROCKET, M.D., D.P.H., F.R.C.P.E. Second Edition. (H. K. Lewis & Co., Ltd.) Pp. ix + 296. Price 16s.

This book contains a very adequate description of the routine examination of the chest in cases of chronic lung disease. The author is obviously a master of his subject, and the elicitation and

interpretation of the physical signs which may be encountered in the chest is discussed in detail. The title is, however, to some extent misleading, as by far the greatest part of the discussion is limited to chronic pulmonary tuberculosis, and many other important conditions are hardly even mentioned. In the next edition the author might be well advised either to enlarge the scope of the book, or to alter the title so as to render it more in keeping with the contents. The section on radiological appearances is well written and intelligible, even to those who are not well acquainted with the technicalities of this highly specialized subject.

The book should be of great value to that large body of students who can determine the presence of abnormal physical signs, but who are often at a loss correctly to interpret their significance; it is also a useful volume for reference. The author's habit of employing the word "spit" as a substantive, albeit sanctioned by the dictionary, is one which should not be imitated.

ROBERT AND CLIVE: THE STORY OF A SURGEON. By CLAIR COPE. (London: John Bale, Sons & Danielsson, Ltd., 1931.) Price 6s. net.

In this very readable book Clair Cope gives us a collection of sketches woven round the attractive personality of Dr. Willowby, and embodying incidents which represent, as he points out in his foreword, "the common experience of most of us who deal in 'suffering.'" These stories are told with vivid directness and sincerity; we see in them human nature at its best and at its worst, but the author is happiest when he can describe for us men and women facing disaster or disappointment with self-sacrifice and a high courage. One feels with the author that the world will be the poorer if the family doctor, with his unique opportunities for healing mind as well as body, gives place entirely to the specialist and State clinic; there is an uncomfortable feeling that "you will deal with cases rather than men, that eventually suffering will become pigeon-holed, a matter of red tape and official forms." It is not surprising that an author of such wide humanity as Clair Cope should deal rather fully with this problem of physical suffering, and while admitting the diagnostic and preventive value of pain, he evaluates it finally as something of the spirit: "surely sympathy, pity, tenderness, gratitude, charity," he says—"all the God-like qualities in man owe their birth to the presence of suffering." No one buying this book can fail to enjoy these interesting sidelights on a doctor's life, illustrating as they do its scope and infinite variety.

PRACTICAL METHODS IN THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES. By DAVID LEES, D.S.O., M.B., D.P.H., F.R.C.S., M.R.C.P.(Edin.). Second Edition. (Edinburgh: E. & S. Livingstone.) Pp. xx + 634. 87 illustrations. 8 coloured plates. Price 15s.

We welcome this second edition of Dr. Lees' well-known text-book, which was hailed on its first appearance as the best book on this subject in the English language. This edition preserves the main characteristics of the last, and a chapter on cardio-vascular syphilis has been added. No attempt is made to make this a reference book. The pathology of syphilis has been merely outlined, and the student will have to refer elsewhere for the details of the symptoms of the various forms of neuro-syphilis. The text is furnished with copious illustrations, and an excellent pharmacopœia is added as an appendix. Treatment is given in great detail, four pages being devoted to the technique of intravenous injections. Intra-muscular injections require as much care and skill as intravenous injections in order to avoid pain, discomfort and the formation of fibrous nodules afterwards, as any patient in a syphilis clinic will testify. Accordingly we find it described in full detail. Careful investigation and preparation of every patient before arsenic is injected are insisted upon, to avoid unpleasant reactions. No account is given, however, of the Abelin reaction and the relation of the urinary excretion of the arsenobenzene drugs to their therapeutic effect and their toxicity.

The abortive treatment of gonorrhœa is well described, and its exact scope and its risks are carefully set out. Peart's operation of vasostomy is not included as an abortive measure. We cannot agree that douches should never be given in cases of gonorrhœa during pregnancy. Apart from this point, the teaching contained in this book agrees everywhere with that given at this Hospital.

We should like a brief introductory chapter on the history of venereal diseases and also a bibliography to be added to some future edition. The success of this book is assured.

CORRESPONDENCE.

THE FINAL F.R.C.S. COURSE.

DEAR MR. EDITOR,—The Special Course of Instruction for the Final F.R.C.S. held at Bart.'s is so popular that a very large number of applications are always received. We are naturally desirous of giving preference to our own men, but they are always very late in applying.

I should like to take this opportunity of bringing the need for early application before intending candidates, so that disappointment may be avoided.

Yours sincerely,

J. B. HUME,

The Medical College,
St. Bartholomew's Hospital;

Sub-Dean of the Medical College.

July 29th, 1931.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ADRIAN, E. D., M.A., M.D., F.R.C.P. "Potential Changes in the Isolated Nervous System of *Dytiscus Marginalis*." *Journal of Physiology*, June, 1931.

— (and BUYTENDIJK, F. J. J.). "Potential Changes in the Isolated Brain Stem of the Goldfish." *Journal of Physiology*, February, 1931.

ANDERSON, D. DRYSDALE, M.R.C.S., L.R.C.P., D.P.H., D.T.M.&H. "Notes on Mosquito-Borne Diseases in Southern Nigeria: A Statistical Study in Anopheline Breeding Places." *Journal of Tropical Medicine and Hygiene*, May 15th, 1931.

BETT, W. R., M.R.C.S., L.R.C.P. "Some Pædiatric Eponyms. III. Koplik's Spots." *British Journal of Children's Diseases*, April-June, 1931.

CLARK, A. J., M.C., M.D., F.R.C.P., D.P.H. (and WHITE, A. C.). "The Oxygen Consumption of the Auricles of the Frog and of the Tortoise." *Journal of Physiology*, January, 1930.

— "Action of Ionic Changes on the Oxygen Consumption of the Frog's Auricle." *Journal of Physiology*, January, 1930.

DALY, I. DE BURGH, M.A., M.D. "The Resistance of the Pulmonary Vascular Bed." *Journal of Physiology*, April, 1930.

DUNHILL, T. P., C.M.G., M.D., Ch.B. "Carcinoma of the Thyroid Gland." *British Journal of Surgery*, July, 1931.

EVANS, E. LAMING, C.B.E., F.R.C.S. "Some Common Fractures of the Upper Extremity." *Practitioner*, July, 1931.

GORDON-WATSON, Sir CHARLES, K.B.E., C.M.G., F.R.C.S. "The Ætiology of Rectal Tumours in Relation to Treatment." *Practitioner*, May, 1931.

GROVES, ERNEST W. HEY, M.D., F.R.C.S. "The Treatment of Open Fractures." *Practitioner*, July, 1931.

— "An Address on Stature and Pose: The Problem of Unequal Legs." *British Medical Journal*, July 4th, 1931.

HEALD C. B., C.B.E., M.D., M.R.C.P. *Injuries and Sports: A General Guide for the Practitioner*. London: Oxford University Press, 1931.

— "Sports Injuries and their Treatment." *Practitioner*, July, 1931.

HIGGS, S. L., F.R.C.S. "The Treatment of Fractures of the Femur." *Practitioner*, July, 1931.

LOYD, W. ERNEST, M.D., M.R.C.P. (W. CECIL BOSANQUET, D.M., F.R.C.P., and W. E. L.). "A Malignant Tumour of the Thymus Gland." *Lancet*, July 4th, 1931.

OGDEN, W., M.R.C.S., D.P.M. (and PARTNER, F.). "The Meinicke Classification Reaction for Syphilis in Mental Hospital Practice." *Lancet*, July 18th, 1931.

OKELL, C. C., M.C., M.B., B.Ch., M.R.C.P., D.T.M.&H. "Experiments with Yellow Fever Vaccine in Monkeys." *Transactions of the Royal Society of Tropical Medicine and Hygiene*, August, 1930.

— "Preparation and Standardization of Tuberculin." *System of Bacteriology in Relation to Medicine*, vol. v, 1930.

- PAYNE, REGINALD T., F.R.C.S. "Sialography: Its Technique and Applications." *British Journal of Surgery*, July, 1931.
- POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Some Bygone Operations in Surgery. V. Lithotripsy: The Case of the Emperor Napoleon III." *British Journal of Surgery*, July, 1931.
- RAMSAY, JEFFREY, M.D., M.R.C.P. "The Hæmogram or Blood-Chart in Diagnosis and Prognosis." *Clinical Journal*, July 15th, 1931.
- RAWLING, C. BATHE, F.R.C.S. "A Contribution to the Surgery of the Pituitary Region: An Account of Four Cases of 'Pituitary Tumour' Treated by Radon Seeds." *British Journal of Surgery*, July, 1931.
- SHORE, L. R., M.A., M.B., M.R.C.P., D.P.H. "A Report on the Spinous Processes of the Cervical Vertebrae in the Native Races of South Africa." *Journal of Anatomy*, July, 1931.
- VERNEY, E. B., F.R.C.P., and WINTON, F.R., M.D. "The Action of Caffeine on the Isolated Kidney of the Dog." *Journal of Physiology*, April, 1930.
- A. J. CANNY, E. B. V., and F. R. WINTON. "The Double Heart-Lung-Kidney Preparation." *Journal of Physiology*, January, 1930.
- WEDDELL, J. M., F.R.C.S., R.A.M.C. "Amputations and Stumps." *Journal of the Royal Army Medical Corps*, July, 1931.
- WEST, RANYARD, M.D., M.R.C.P., D.P.H. "Pituitary Cyst: An Account of a Case with Tonic Fits Resembling Tetany." *Lancet*, July 11th, 1931.
- WILLOUGHBY, W. G., M.D., D.P.H. "Public Health—To-day and To-morrow." *British Medical Journal*, July 25th, 1931.
- WILSON, W. ETHERINGTON, F.R.C.S. "Renal Colic and Hematuria Following Recumbency." *British Medical Journal*, July 18th, 1931.
- WINTON, F. R., M.D. "The Influence of Increase of Ureter Pressure on the Isolated Mammalian Kidney." *Journal of Physiology*, April, 1931.
- "The Influence of Venous Pressure on the Isolated Mammalian Kidney." *Journal of Physiology*, June, 1931.
- See also VERNEY and WINTON.

CHANGES OF ADDRESS.

- DAVIS, C. N., Dor Nap, Broadway, Worcestershire.
- GAISFORD, W. F., The Alder Hey Children's Hospital, Liverpool.
- HANCOCK, P. E. T., 47, Queen Anne Street, W. 1. (Tel. Welbeck 1035.)
- JOHNSTON, J. H., 24, Park Crescent, W. 1. (Tel. Welbeck 6766.)
- PERKINS, R. J., 33, Harley Street, W. 1. (Tel. Langham 3333.)
- PHILLIPS, R. F., 49, Harley Street, W. 1. (Tel. Langham 3476.)
- SEDDON, H. J., Royal National Orthopaedic Hospital, Brockley Hill, Stanmore, Middlesex. (Tel. Stanmore 30.)
- SOAMES, R. M., Trentham House, Emsworth, Hants. (Tel. 201.)

APPOINTMENT.

- SEDDON, H. J., F.R.C.S., appointed Resident Surgeon, Country Branch, Royal National Orthopaedic Hospital, Stanmore, Middlesex.

BIRTHS.

- ATKIN.—On July 7th, 1931, to Anita, wife of Dr. C. S. Atkin, The Glen, Sheffield—a daughter.
- CULLINAN.—On July 17th, 1931, to Joy, wife of Dr. E. R. Cullinan—a son.
- JORY.—On July 25th, 1931, to Daphne, wife of Norman Jory, of 116, Hornsey Lane, Highgate—a daughter.

- LANGFORD.—On June 29th, 1931, at Cambridge Villa, Chiswick, W. 4, to Margaret, wife of John C. C. Langford, M.R.C.S.—a son.
- ROBINSON.—On July 15th, 1931, at Millfield House, Diss, Norfolk, to Dr. and Mrs. Victor Penrose Robinson—a son.
- TAIT.—On June 28th, 1931, to Joan (*née* Alford), wife of Dr. Greville Tait, Handcross, Sussex—a daughter.

MARRIAGES.

- ELLIOTT—HARE.—On June 22nd, 1931, at Holy Trinity, Sloane Street, Harold Manley Elliott, Sudan Medical Service, son of Paymaster Rear-Admiral and Mrs. H. M. C. Elliott, of Sevenoaks, to Doreen (Tommy) Hare, daughter of Dr. and Mrs. H. Mather Hare, Nassau, Bahamas.
- FORMBY—ESSEX.—On June 6th, 1931, at Christ Church, Lancaster Gate, Myles L. Formby, F.R.C.S., only son of Mr. and Mrs. Arthur Formby, of Adelaide, Australia, to Dorothy Hussey, only child of the late Charles Birtill Essex and Mrs. Randles, of Natal.
- HARDY—MANSFIELD.—On June 25th, 1931, at St. Michael's Church, Bournemouth, by the Rev. Canon Moor, R.D., Edward William Dacre Hardy, M.C., M.R.C.S., L.R.C.P., to Dorothy Margaret, eldest daughter of Mr. and Mrs. Merton John Mansfield, of 7, Vernon Terrace, Brighton.
- PENTREATH—HALL.—On July 4th, 1931, at Holmer Church, by the Rev. R. H. Moss (cousin of the bride), assisted by the Rev. W. B. Glennie, Dr. Edward Uther Haldane, elder son of Dr. and Mrs. C. H. R. Pentreath, Kenya, to Alice Marjorie, elder daughter of Mr. and Mrs. R. H. Hall, Holmer Grange, Hereford.
- SHAW—GRICE.—On June 30th, 1931, at St. Peter's, Caversham, Wilfred Shaw, M.D.(Cantab.), F.R.C.S., L.R.C.P., to Frances Anne, third daughter of Mr. and Mrs. Grice, of Caversham, Oxon.

SILVER WEDDING.

- DRU DRURY—SIMS.—On July 17th, 1906, at the Church of St. George the Martyr, Holborn, by the Rev. E. C. Bedford, M.A., Godfrey Dru Drury, M.R.C.S.(Eng.), L.R.C.P.(Lond.), of Corfe Castle, Dorset, fourth son of Edward Dru Drury, F.R.I.B.A., of Blackheath, S.E., to Ethel Blanche, fourth daughter of Professor Charles Sims, L.D.S., R.C.S.(Eng.), late of Edgbaston, Warwick, shire.

DEATH.

- HAYDON.—On July 1st, 1931, Arthur George Haydon, M.D., of 14, Lancaster Gate Terrace, W. 2, aged 64.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

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All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C.1. Telephone: National 4444.